

State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
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CHRIS CHRISTIE

Governor

KIM GUADAGNO Lt. Governor ELIZABETH CONNOLLY Acting Commissioner

> VALERIE HARR Director

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES

J.L.

PETITIONER,

ADMINISTRATIVE ACTION

FINAL AGENCY DECISION

٧.

OAL DKT. NO. HMA 02029-15

DIVISION OF MEDICAL ASSISTANCE

AND HEALTH SERVICES AND

GLOUCESTER COUNTY BOARD OF

SOCIAL SERVICES,

RESPONDENTS.

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the Initial Decision, the documents in evidence and the entire contents of the OAL case file. Procedurally, the time period for the Agency Head to file a Final Agency Decision is May 28, 2015, in accordance with N.J.S.A. 52:14B-10, which requires an Agency Head to adopt, reject or modify the Initial

Decision within 45 days of the agency's receipt. The Initial Decision was received on

April 13, 2015.

This matter arises from the denial of Petitioner's May 14, 2014 Medicaid

application for failing to provide documentation needed to determine eligibility. On May

14, 2014, Petitioner applied for Medicaid benefits. On May 14, 2014 and again on June

10, 2014, the Gloucester County Board of Social Services (GCBSS) requested

verifications from Petitioner to be provided no later than June 30, 2014. On June 12,

2014, Petitioner provided GCBSS with a partial response to its request. Petitioner

never provided the outstanding documents to GCBSS. On January 12, 2015, GCBSS

denied Petitioner's application for failure to provide the requested documentation.

The only issue presented here is whether Petitioner provided the necessary

verification for GCBSS to make an eligibility determination. The credible evidence in the

record indicates that Petitioner failed to provide the needed information prior to the

January 12, 2015 denial of benefits. Without this information, the County was unable to

complete its eligibility determination and the denial was appropriate.

THEREFORE, it is on this

day of MAY 2015,

ORDERED:

That the Initial Decision is hereby ADOPTED. Petitioner's Medicaid application

was properly denied for failure to provide necessary verification.

Valerie J. Harr, Director

Division of Medical Assistance

and Health Services